

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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YOLCO COUNTY
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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Provenza	Jim		[REDACTED]
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Yolo Co. Bd of Supervisors, Yolo

Division, Board, District, if applicable:

Co Library Bd., Yolo-Solano

Your Position:

Dir Quality Mang. Dist, Yolo Housing

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

* Winters Branch Financing Authority
Agency: Supervisor, Commissioner, member

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Yolo, Solano

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Assuming Office/Initial

Date: 01/05/09

☐ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

Feb 5, 2009
(month day year)

Signature

(He originally signed statement with your filing official.)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Jim Provenza</u>

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

<p>► NAME OF SOURCE <u>Metropolitan Water District</u></p> <p>ADDRESS <u>Clo Jay Ziegler 1121 L ST # 806</u></p> <p>CITY AND STATE <u>Tour of Delta</u> <u>Sacramento 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>Sept 15, 2008</u> AMT: \$ <u>80.11</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Bus trip including</u> <u>lunch for educational tour of</u> <u>DELTA</u></p>	<p>► NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>► NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>► NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: _____